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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/593,427 Filing Date September 19, 2006 **POWER OF ATTORNEY** First Named Inventor Ottavio V. VITOLO and GINKGOLIDE COMPOUNDS, COMPOSITIONS AND **CORRESPONDENCE ADDRESS** Title EXTRACTS, AND USES THEREOF **INDICATION FORM** Art Unit N/A Not Yet Assigned **Examiner Name** 0019240.00218US2 Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: х Practitioners associated with the Customer Number: 56949 Practitioner(s) named below: Registration Registration Name Number Name Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. ((Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date Name Telephone Title and Company NOTE: Signatures of all the inventor of the property of the control of the inventor of the inv forms if more than one signature is required etable principal Couns

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